

Heir Force Children's Ministry

Worker Application



Last Name: _____
Date: _____

First Name: _____

***Thank you for taking time to share this information about you with us.
We want you to know that the following information will be kept strictly confidential and
only shared with the appropriate pastoral staff as deemed necessary.***

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This information is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities.

Application Date: _____

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PERSONAL INFORMATION

Name: _____

Address: _____

City, St, Zip _____

Home Phone: _____ Social Security #: _____

Email Address: _____

Driver's License #: _____ Do you have a Bus CDL? _____ YES _____ NO

Do You Carry Liability Coverage On Your Personal Auto Insurance? _____ YES _____ NO

Present Employer: _____

Work Phone: _____ Can we call you at work? _____ YES _____ NO

Work Status: _____ Full-Time _____ Part-Time _____ Student

Birth date: _____ Anniversary Date: _____

Martial Status: _____ Single, _____ Married, _____ Divorced, _____ Widow/er, _____ Separated, _____ Remarried, _____ Engaged

Spouse's Name: _____ Number of Children: _____

EDUCATION

High School: _____ Year Graduated: _____

Post High School: _____ Years Completed: _____

Degree: _____ Major: _____

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LEGAL AND LIFESTYLE

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to children's work? _____YES _____NO If Yes, please explain:

Have you ever been convicted of a criminal offense (excluding minor traffic violations)?
_____YES _____NO If Yes, please explain:

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? If Yes, please explain:

Have you ever been a victim of any form of child abuse? _____YES _____NO
If yes, would you like to speak to a counselor or pastor? _____YES _____NO

Have you ever had sexual relations with any minor after you became an adult? _____YES _____NO

Have you been involved in homosexual activity within the last five years? _____YES _____NO

Do you presently have any communicable diseases (including HIV or AIDS)? _____YES _____NO
If Yes, please explain:

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Have you or do you smoke?

Never No longer Occasionally Regularly
What is your view on smoking?

Have you or do you drink alcoholic beverages?

Never No longer Occasionally Regularly
What is your view on drinking alcohol?

Have you or do you use illegal drugs?

Never No longer Occasionally Regularly

Have you ever gone through treatment for life dependency issues?

(ie: alcohol, drug abuse, gambling, pornography, etc.) YES NO
If yes, please describe

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SPIRITUAL/MINISTRY INFORMATION

Have you been born again? _____ YES _____ NO If so, date or year: _____

Have you been baptized in water? _____ YES _____ NO If so, date or year: _____

Have you been filled with the Holy Spirit? _____ YES _____ NO If so, date or year: _____

What is your affiliation with CCS? _____ Member _____ Regular attender Started in: _____ (yr)

CCS Base Discipleship Classes completed: _____ 101 Membership
 _____ 201 Maturity
 _____ 301 Ministry
 _____ 401 Mission

WHAT I BELIEVE:

YES NO UNSURE

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | In the infallibility of the Scriptures? |
| _____ | _____ | _____ | That there is one true God? |
| _____ | _____ | _____ | In the virgin birth and deity of our Lord Jesus Christ? |
| _____ | _____ | _____ | That all have sinned and are worthy of punishment? |
| _____ | _____ | _____ | That Jesus is God's Son and the only acceptable sacrifice for our sin? |
| _____ | _____ | _____ | That man must be born again to receive eternal life? |
| _____ | _____ | _____ | In eternal reward for the believer? (Heaven) |
| _____ | _____ | _____ | In eternal damnation for the lost? (Hell) |
| _____ | _____ | _____ | That divine healing is available to all believers as a result of Christ's suffering and death on the cross? |
| _____ | _____ | _____ | That involvement in ministry is a response to divine call and is God's will for all believers? |
| _____ | _____ | _____ | That Jesus arose bodily from the dead and in the resurrection of all believers? |
| _____ | _____ | _____ | In the in-filling of the Holy Spirit? |
| _____ | _____ | _____ | That speaking in tongues is the initial physical evidence of the Baptism in the Holy Spirit? |
| _____ | _____ | _____ | That Christ is coming again? This time to rule and reign. |

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Write briefly about a significant event in your life that has impacted you spiritually.

Describe three major ways in which you have grown in your spiritual journey since you became a Christian.

How would you describe your spiritual journey now?

How would you rate your ability to work on a team?

_____ Prefer to work alone _____ Will cooperate/support _____ Energized by teamwork

What spiritual gifts do you feel you have, and how would you like to use them in children's ministry?

Why do you want to minister to children?

What are some of your expectations of the children's leadership?

Are you in full support of the ministry and leadership of Christian Center of Salem?

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List (name, address & dates) of other churches you have attended regularly during the past 5 years:

- 1) _____
 2) _____
 3) _____

Have you ever lead a young person to Christ? _____YES _____NO
 If Yes, please describe.

Have you ever helped a young person receive the Baptism in the Holy Spirit? _____YES _____NO
 If Yes, please describe.

Have you ever been involved in youth/children's ministry before? _____YES _____NO
 If Yes, most recently in what areas and where:

Date Started	Ministry/Activity	Address	Dated Ended	Reason Ended

Are your spouse and family in agreement with you working in this ministry? _____YES _____NO

What age group or area do you desire to work with?

- Nursery (birth - 2yrs old) Toddlers (2-3 yr olds)
 Preschool (4-5yrs old) Elementary (K-6th grade)
 Sunday School Midweek (Missionettes/Rangers) Teacher
 Heir Force JBQ Assistant
 Camp Counselor Event Volunteer

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REFERENCES

Character Reference: (Not a spouse or relative)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Ministry Reference: (Previous Experience)

Church/Organization Name: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Pastoral Reference:

Church: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's work. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to be bound by the constitution, by-laws and policies of Christian Center of Salem (CCS) of Salem, Oregon. And I also agree to refrain from unscriptural conduct in the performance of my duties on behalf of the church and in my private life.

Applicant's Signature: _____ Date: _____

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CHILDREN'S MINISTRY WORKER – ANNUAL REVIEW
 (revision 1/21/2009)

Name: _____

I have reviewed my Application For Children's Worker form dated _____ that I completed and submitted to the church, and all of my responses remain accurate except as noted below:

(Please make as many entries as needed. If no changes have occurred, write "**No Change**". Please sign and date each entry.)

CHANGE	SIGNATURE	DATE

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CHILDREN'S MINISTRY WORKER – REFERENCE INTERVIEW FORM

Office use only

APPLICANT:

Name: _____

REFERENCE CONTACTED:

Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

INTERVIEW QUESTIONS:

1. Describe your relationship with the applicant?

2. How long have you known the applicant?

3. On a scale of 1 to 5 (with 1 being low and 5 being high), please rate the applicant in the following areas.

Characteristic	Rating	Comments
Teamwork		
Personal initiative		
Dependability & Follow Through		
Trustworthiness		
Attitude		
Pride in work		
Commitment to task		
Loyalty		
Spiritual Maturity		
Peer relationships		
Overall Emotional Maturity		
Conflict Resolution		
Ability to relate to young people		

